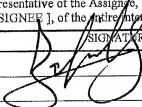


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS		<i>Application/Patent Number</i>	7,291,592 B2
		<i>Filing/Issue Date</i>	November 6, 2007
		<i>First Named Inventor/Patentee</i>	Steven A. Gould
		<i>Confirmation Number</i>	1206
		<i>Group Art Unit</i>	1654
		<i>Examiner Name</i>	Mohamed, Abdel A.
		<i>Attorney Docket Number</i>	4569.1004-001
<i>Title</i>	Method for Treating Patients with Massive Blood Loss		
I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10] <hr/>			
OR			
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 021005			
Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> Customer Number 021005 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133			
<input type="checkbox"/> Other <hr/>			
Please direct all telephone calls and facsimiles to:			
Name <u>N. Scott Pierce</u>		Tel. No. <u>(978) 341-0036</u>	Fax No. <u>(978) 341-0136</u>
I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Authorized representative of the Assignee, OPK Biotech LLC, of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.			
<input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.			
SIGNATURE of Applicant or Assignee of Record			
Signature	 E. Zafirovsk COO		
Name & Title			
Date			